

PTO/SB/21 (02-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/966,551
Filing Date	September 26, 2001
First Named Inventor	B. Sanders, et al.
Art Unit	3644
Examiner Name	Tien Quang Dinh
Attorney Docket Number	26272/04003

Total Number of Pages in This Submission

13

BEK 11/22/04

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input checked="" type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
See Remarks |
|--|---|--|
- Remarks
- Fee Determination Record (1 pg)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual name

24024

Signature

Brian E. Kondas

Date

November 29, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Brian E. Kondas

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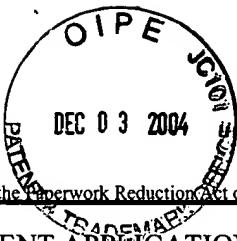
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Date

November 29, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

26272/04003

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	11 minus 20 =	* 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ 355
x \$ 9 =	0
x 40 =	0
+ =	0
TOTAL	355

RATE	FEE
	\$
x \$ =	
x =	
+ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 24(25)	Minus	** 20	= 4 (5)
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	36
x 43 =	0
+ =	
TOTAL ADDIT. FEE	36

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

TOTAL
ADDIT. FEE

TOTAL
ADDIT. FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 25	Minus	** 24	= 1
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	9
x 43 =	0
+ =	
TOTAL ADDIT. FEE	9

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

TOTAL
ADDIT. FEE

TOTAL
ADDIT. FEE

AMENDMENT D		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 25	Minus	** 25	= 0
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 43 =	0
+ =	
TOTAL ADDIT. FEE	0

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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